



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 6319-3000

First Named Inventor AN

COMPLETE IF KNOWN

Application Number 10/826,439

Filing Date April 15, 2004

Art Unit 1624

Examiner Name (TBA)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

QUINOXALINE DERIVATIVES HAVING ANTIVIRAL ACTIVITY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

APRIL 15, 2004

as United States Application Number or PCT International

Application Number

10/826,439

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
	US		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

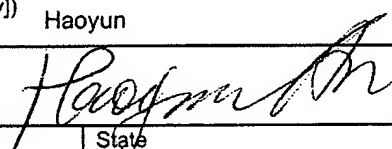
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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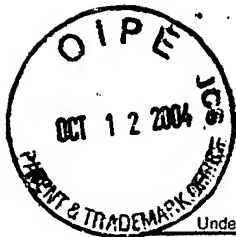
**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">29858</span>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Haoyun		Family Name or Surname AN	
Inventor's Signature 		Date 9/17/04	
Residence: City Carlsbad	State CA	Country US	Citizenship US
Mailing Address Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Frank		Family Name or Surname RONG	
Inventor's Signature		Date	
Residence: City Irvine	State CA	Country US	Citizenship US
Mailing Address Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION — Utility or Design Patent Application**

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Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Haoyun		Family Name or Surname AN	
Inventor's Signature			Date
Residence: City Carlsbad	State CA	Country US	Citizenship US
Mailing Address  Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Frank		Family Name or Surname RONG	
Inventor's Signature <i>Frank Rong</i>			Date 08/31/04
Residence: City Irvine	State CA	Country US	Citizenship US
Mailing Address  Ribapharm Inc., 3300 Hyland Avenue			
City Costa Mesa	State CA	ZIP 92626	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jim		Wu	
Inventor's Signature <i>Jim Wu</i>		Date <i>9/11/2004</i>	
Residence: City	Aliso Viejo	State	CA
		Country	US
Citizenship US			
Mailing Address Ribapharm Inc.			
Mailing Address 3300 Hyland Avenue			
City	Costa Mesa	State	CA
		Zip	92626
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Clayton		Harris	
Inventor's Signature <i>Clayton Harris</i>		Date <i>8-31-04</i>	
Residence: City	Irvine	State	CA
		Country	US
Citizenship US			
Mailing Address Ribapharm Inc.			
Mailing Address 3300 Hyland Avenue			
City	Costa Mesa	State	CA
		Zip	92626
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Suetying		Chow	
Inventor's Signature <i>Suetying Chow</i>		Date <i>8/31/2004</i>	
Residence: City	Diamond Bar	State	CA
		Country	USA
Citizenship US			
Mailing Address Ribapharm Inc.			
Mailing Address 3300 Hyland Avenue			
City	Costa Mesa	State	CA
		Zip	92626
		Country	US

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